



## Missouri Pharmacy Program – Preferred Drug List



### **Calcium Channel Blockers (DHP)** ***Effective 08/18/2004***

#### **Preferred Agents**

Available Without Clinical Edits

Norvasc®

Plendil®

Nifedipine I.R

Sular®

Dynacirc/Dynacirc CR®

Nicardipine HCl

Nifedipine ER tabs

Nifediac CC®

Afeditab®

Nifedical XL®

#### **Non-Preferred Agents**

Available with Clinical Edits

Adalat/Adalat CC®

Caduet®

Cardene/Cardene SR®

Nimotop®

Procardia/Procardia XL®

#### **Approval Criteria**

- Failure to achieve desired therapeutic outcomes with documented trial period for 3 or more preferred agents.
- Documented ADE/ADR to preferred agents.
- Documented compliance on current therapy regimen.

#### **Denial Criteria**

- Lack of adequate trial on required preferred agents.
- Therapy will be denied if no approval criteria are met.
- Drug Prior Authorization Hotline: (800)392-8030.